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Australasian Faculty of
Occupational and Environmental Medicine

Employment, Poverty and Health:

A Statement of Principles

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About the Australasian Faculty of Occupational & Environmental Medicine (AFOEM)

The Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of the Royal Australasian College of Physicians is the peak medical body for Occupational and Environmental Physicians, comprising over 500 medical specialists in Australia and New Zealand, who understand the relationships between health and good work, manage the physical, social and mental wellbeing of workers and provide medical expertise to organisations to optimise productivity.

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Purpose

Many diseases and illnesses are precipitated, exacerbated, mitigated or prevented by the conditions under which people are born, grow, live, work and age. These factors – which include social, economic, political, cultural and physical circumstances – are referred to as the social determinants of health, or SDoH[1]. These determinants affect populations both positively and negatively, and are not merely limited to those experiencing disadvantage or hardship. Employment is a key social determinant, because safe and healthy work practices and healthy positive work relationships form a vital part of individual health and wellbeing. In contrast, long term work absence, underemployment and unemployment can have a negative impact.

Some groups in the community experience disproportionately negative health outcomes. Children and adults living with disability, for example, often experience additional socioeconomic disadvantage compared with others in the community, such as financial, employment and housing stress, transport difficulties and access to services. Community carers can also experience negative health outcomes as a result of inflexible employment arrangements and secondary consequences of poverty. Aboriginal and Torres Strait Islander and Māori communities experience additional difficulties related to racism, exclusion, loss of culture and restricted self-determination. These factors contribute to poorer health outcomes in the context of ongoing colonisation.

The RACP recognises the important role that doctors can play in tackling health inequities, as well as promoting the benefits of employment and good work as a key determinant of health and wellbeing. Doctors can help to influence a fundamental shift in our healthcare system from treatment to prevention, and improve the overall quality of life across Australia and New Zealand. The RACP recognises the role that it plays in enabling training and learning of SDoH and the health benefits of good work, and is committed to supporting its members to address these issues.

This document is a principles-based guide for healthcare provision that focuses on actions that doctors can undertake to promote safe, healthy work and to have the greatest impact on SDoH. Each key principle is presented below, and practical strategies for doctors have been mapped under each area. These principles should be considered as a broad guide that can be applied to different areas of health service delivery and practice, and can be adapted to reflect individual community needs as required.

[1] *For more information on the RACP's work in the area of SDoH, please see the RACP 'Health in All Policies' position statement - https://www.racp.edu.au/docs/default-source/advocacy-library/health-in-all-policies-position-statement.pdf*

Statement of Principles

1. Leadership

Doctors are able to lead by example through their own clinical practice in addressing the social determinants of health

The RACP encourages doctors to examine their local community, their staff, their teams, and their own practice to determine what actions they can take to reduce health inequities and promote the health benefits of good work as an effective means of reducing poverty and social exclusion.

Doctors can regularly reassess their own practice to ensure treatment decisions contribute to health equity for individuals and communities, including focusing on health conditions most affected by SDoH. They should increase and maintain their awareness of health inequities and SDoH, particularly addressing potential bias in medical treatment decisions.

Doctors can improve targeted health provision for individuals and families who are traditionally hard to reach by commissioning measures which include health promotion and ill-health prevention to affect changes to SDoH. By engaging in patient centred care, doctors will be able to provide a more positive strengths-based approach - valuing the patient experience, using shared decision making and integrating considerations of social and economic conditions into treatment planning. Patients should be screened for relevant risk factors where possible, enabling them to be connected to programs which can help them to improve their circumstances. Doctors should ensure that their staff are trained to provide culturally safe and appropriate care which meets their patients' social, cultural, and linguistic needs.

Doctors can provide accessible healthcare for their patients where possible, through providing plain English or culturally appropriate resources, home visits, advanced access/same-day scheduling or improved accessibility of rooms, surgeries and clinics. Patients can be linked to useful local resources and programs in their area, such as local groups with peer-to-peer support or through bi-lateral referral pathways with local service providers. Doctors may also consider the health literacy of their patients, and consider opportunities to enhance this through interpersonal interactions or in organised professional or planning settings.

2. Advocacy

Doctors can feel empowered to use their expertise to advocate in favour of actions and policies which address SDoH and promote healthy work

The RACP encourages doctors to act as health advocates on behalf of their patients both in the community, with employers and within the broader political landscape, by supporting actions which improve the health and wellbeing of all people and communities.

As health advocates, doctors have the opportunity to advocate for population health and health equity across all policy areas, including advocating for medical input in decisions within sectors outside of health (e.g. education, employment, or transport). A 'whole of government' approach is necessary to ensure that policymaking can address the environmental, economic, employment and social conditions of patients, particularly in the area of preventive health. Doctors can promote the benefits of research regarding prevention measures and advocate for a strong evidence base for SDoH to influence future policy making, as well as for broader social measures which provide a way out of poverty and enable patients to participate meaningfully in society. The RACP will also continue to advocate for greater action at a government level to address the impact of SDoH on health equity.

Doctors can advocate for more assistance for health professionals to better identify and address SDoH. Increased training in monitoring and evaluation of SDoH in clinical settings, or an increased focus on SDoH in undergraduate and postgraduate medical education will ensure that trainees and doctors are better prepared to identify SDoH and potential risk factors in patients. Doctors can also act as advocates for good work and better working conditions for doctors and staff, particularly in allied health worker professions such as carers or volunteers.

Doctors can use their expertise to undertake advocacy on behalf of their individual patients, workers and communities. Doctors are in a unique position to advocate for their patients who may be experiencing hardship, distress or vulnerability. However, they should also take into account their patient's needs, autonomy and beliefs, as well as the availability of support services, and tailor support accordingly. Doctors can advocate on behalf of patients who experience difficulties navigating the health system and government or non-government support systems (e.g. people in rural and remote areas, people living with disability, Aboriginal and Torres Strait Islander and Māori patients, etc). Some examples include writing letters to housing associations on behalf of patients and their families, arranging transportation, or communicating with social workers. It is important that doctors take a patient-centred approach to care which values patient voices and perspectives, and puts patients, their families and carers first and foremost. This will provide for meaningful consumer involvement in discussions and decision making.

3. Teaching and Learning

Doctors can impart their clinical knowledge regarding SDoH and the health benefits of good work to students and trainees

Although there have been recent efforts to integrate concepts like SDoH more into medical education, the RACP believes that doctors have a valuable opportunity to impart their own individual experiences and knowledge within the training of future doctors and colleagues through high quality experiential learning about SDoH, including the importance of healthy work as a key determinant of health.

Despite an increased knowledge of SDoH, many young doctors may not see it as an area in which they can practically intervene. Doctors can support and encourage their students to be advocates for SDoH in their own communities; helping them to learn how they can recognise diverse social and economic factors which may influence health, and helping them to identify potential roles that they can play as doctors to address SDoH and promote healthy work in their communities. They can assist trainees to be better equipped to support their patients by familiarising them with referral sources and local social supports available in the community. It is important to address attitudinal issues such as stigma on the part of healthcare providers towards people in poverty or stigma experienced by individuals in poverty with regard to discussing their living conditions and income, as this can be a barrier towards identifying some of the risk factors which contribute to SDoH.

The RACP has a role to play in providing training and learning regarding SDoH and good work, and regarding the influence on population health across many different levels of training, including Basic and Advanced Training, and Continuing Professional Development. Doctors can help to develop and implement policies that support the entry and completion of medical studies by vulnerable or disadvantaged students, to ensure more equitable learning environments.

4. Employment

Doctors are able to promote the health benefits of good work to patients and employers, and create healthy and equitable working environments for staff

The RACP encourages doctors to promote the health benefits of good work, both in their practice with patients and within their own work environments to ensure better health and wellbeing outcomes. This includes promoting safe and healthy work practices, a healthy workplace culture, and effective injury management programs for patients. Unemployment and underemployment are key drivers of poverty and poorer health outcomes, and it is crucial that good work is available which provides economic stability, productive engagement and social connections, all of which have a positive effect on overall health and wellbeing.

Doctors should provide a healthy and sustainable work environment for their own employees, and have an active occupational health policy to ensure that workplaces are safe for staff. Doctors can engage in equitable recruitment and recruit staff from different backgrounds, people with disability and within the local community where possible, to create a workplace culture which is conducive to better health and wellbeing.

Doctors can support their patients to understand and access the health benefits of good work, particularly when entering the workforce for the first time, seeking re-employment or recovering at work following a period of injury or illness. For patients with disability, doctors can work from a strengths-based perspective to establish their work capabilities and provide advice to employers and NDIS planners regarding necessary workplace modifications and appropriate equipment to support them in the workplace, as well as providing referrals to appropriate disability employment services including vocational counselling. However, doctors should be mindful of patient comfort and agency in cases where they are tasked with assessing patient work readiness in the context of accessing social welfare. Effective and equitable management of workplace wellbeing is a key determinant of individual health, wellbeing and productivity[2].

5. Collaboration

Doctors have the opportunity to collaborate both within and outside the health sector to address SDoH and promote the benefits of good work to health and wellbeing

Actions to address SDoH are best supported through a whole-of-sector response underpinned by collaboration and teamwork. Doctors, health organisations, employers, state and federal government, communities and other NGOs can all work together to support health and wellbeing for all members of our society.

The RACP encourages doctors to collaborate with other public health experts to share their knowledge on SDoH. Collaboration between clinical doctors and public health is important; clinicians should be given the opportunity to remain involved in public health and vice versa through CPD and other training. Collaboration with other organisations both within and outside the health sector, in particular with community organisations and employers, will help to share best practice and knowledge regarding SDoH and healthy work practices. This could materialise through the development of tools, initiatives and community-based programs which promote good health, awareness of SDoH and the health benefits of good work.

Doctors can also provide their expertise to other organisations to ensure that advocacy on SDoH and good work can be more effective and wide-reaching. Working collaboratively with other health organisations can help to strengthen new and existing partnerships, and promote discussion about common issues and potential ways forward, as well as strengthening the base of support for an issue. Strategies implemented at the 'upstream' level will help doctors to be empowered to treat and manage the health effects of SDoH in clinical settings, but requires a collaborative effort amongst health and non-health professionals.

6. Models of Healthcare Delivery

Doctors can contribute to creating innovative and patient centred models of healthcare

Actions taken by doctors to address SDoH and promote the benefits of good work can only be maintained and enshrined by systems that are patient and family centred, and that can provide equitable support to communities by managing barriers which commonly impede access to healthcare.

New models of healthcare delivery should address the need for better integration of care delivery, by moving away from fragmented service provision with an insufficient focus on patients, towards a more accessible, patient centred model which is tailored to support the needs of the local community and ensure equity of access (for example, community-controlled health services in Indigenous

[2] *For more information on healthy employment practices, please see other work from the RACP in the area of the Health Benefits of Good Work* - https://www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/health-benefits-of-good-work

communities[3]). Healthcare services may consider examining the current barriers of access in their community, and making adjustments to their services accordingly. This may include co-location of specialist services, providing access to specialist services outside of hospitals, providing clear referral pathways between specialist, primary care, and allied health professionals, and supporting primary care as a main portal for community access to health care.

Innovative models of healthcare delivery are supported by a healthcare workforce that is aware of and equipped to address SDoH in their clinical practice and are able to work outside of the traditional biomedical models of health. Health professionals should be supported by new models of care which enable them to build capacity and capabilities across their local health, employment and social care environment, allowing for new and more flexible ways of providing services. This may materialise in the form of adjusted hours for specialist care, income security health promotion services, or partnering with legal services and other advocacy programs in the community. New models of care can provide an enhanced role as a patient centred, compassionate and integrated healthcare system[4], and should be underpinned by physical, organisational and staffing structures which facilitate this role.

Within new models of healthcare, doctors can reflect on their own roles and perception of those roles. It has been pointed out that[5], in moving from an historical era of medical professional dominance, doctors are currently being scrutinised in an era of accountability and market theory. A third era is proposed, one of a new moral ethos, where doctors 'learn to ask less, *"What is the matter with you?"* and more, *"What matters to you?"'.*

7. Research

Doctors can support and contribute to an evidence base regarding social determinants of health

Detailed local data on SDoH, including health outcomes and community use of the health system, creates a critical evidence base from which doctors, governments, employers and health organisations can promote and work towards achieving health equity. Doctors, health organisations and employers should support the continued collection and publication of data and research on SDoH and the effects of good work on alleviating poverty and health inequities.

Research on the effects of SDoH and good work, including appropriate interventions, is necessary to pinpoint what works in respective communities. Much of the research that exists regarding the effects of poverty on health is limited to identifying health disparities, which is insufficient and should be complemented by research on practical strategies to address these issues. Doctors need to be able to act on the best evidence available to them; research and evaluation of specific interventions is needed to gain insight into what effectively alleviates the effects of SDoH on health care delivery and health outcomes.

Doctors and health organisations can help to build a foundation of data on patients in their community, and identify particular groups in the community by mapping socio-economic status to identify differential outcomes. Aggregating individual data can help to build a broader picture of the community and its needs, which will help doctors and service providers to better plan services and deliver quality care. Local data can also be a powerful driver for social change, and can assist in advocating to clinicians, key decision-makers, politicians, employers and the general public.

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[3] *For more information on the provision of equitable care to Aboriginal and Torres Strait Islander Communities, please see the RACP's Medical Specialist Access Framework -* https://www.racp.edu.au/docs/default-source/default-document-library/medical-specialist-access-framework.pdf?sfvrsn=25e00b1a_0

[4] *For more information on the RACP's work in the area of integrated care, please see the RACP Integrated Care Discussion Paper - https://www.racp.edu.au/docs/default-source/advocacy-library/integrated-care-physicians-supporting-better-patient-outcomes-discussion-paper.pdf*

[5] *Berwick, D.M (2016) 'Era 3 for Medicine and Health Care' in The Future of US Health Care Policy, JAMA 2016 Apr 5;315(13):1329-30. doi: 10.1001/jama.2016.1509*

Shifting our health systems towards a more equitable model of care is a complex undertaking, which involves changes across a macro-, meso- and micro-level. A strong evidence base is required to ensure changes are undertaken according to best practice and current evidence. This will be particularly important in the face of emerging issues (e.g. the ageing population, effects of climate change, the effect of changes in the employment market on human health and poverty).

Conclusion

This document acknowledges the important role that doctors can play in reducing health inequities and improving quality of life across Australia and New Zealand by taking action on SDoH. Doctors can influence a fundamental shift in our healthcare systems and workplaces through an increased emphasis on prevention and patient-centred care. The RACP recognises the important role that it plays in enabling training and learning of SDoH and the health benefits of good work, and will continue supporting its members to address these issues. Although this is by no means an exhaustive list of strategies, these principles provide a basis from which doctors can enact new and improved ways of caring for communities by addressing SDoH.